

WE'RE ON THE WEB
<http://www.dmh.cahwnet.gov.rpod>

SCHEDULE OF EVENTS

Memorial Day, May 28, 2001

May 2001

- 1 Children's Task Force meeting is **CANCELLED!**
 - 9 Infrastructure Technology Meeting
10 am – 3 pm
DMH Headquarters, Rm 100
 - 15 Older Adult meeting
10:00 am – 2:00 pm
DMH Headquarters
- JUNE 2001
- 5 Children's Task Force meeting

MAILING LABEL HERE

May 2001

SUN	MON	TUE	WED	THU	FRI	SAT
		Children's Task Force Mtg. 1 CANCELLED	2	3	4	5
6	7	8	Infrastructure Technology Mtg. 9	10	11	12
13	14	Older Adult Mtg. 15	16	17	18	19
20	21	22	23	24	25	26
27	28 Memorial Day State Offices Closed	29	30	31		

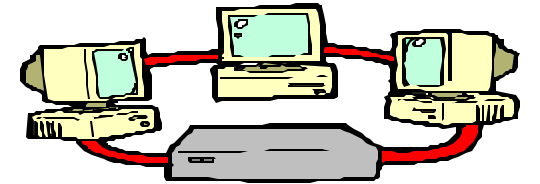
APRIL 2001

California Department of Mental Health



PERFORMANCE OUTCOMES UPDATE

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Data System Development

DMH Performance Outcome Staff are currently working with a number of county MIS staff to develop a Children's Performance Outcome Data System (CPODS) version 2.0. Significant improvements are slated for this, and a similar set of computer programs that will be geared toward the Older Adult Performance Outcome System. Some of these improvements include:

- * Programs will be available in multiple formats including Microsoft Visual FoxPro, Microsoft Access, and Oracle.
- * Where possible, the programs will be designed as standalones, meaning that they will not require counties to purchase a database system to run them.
- * They will include the ability to link to service utilization data that will be provided to each county in the form of an extract.
- * Much more useful reports will be included including a) Aligning Client Risk Factors to Service Utilization Patterns, b) Caseload Profiling, c) Prompts for clients for whom performance outcome instruments are due, and d) compliance reports that will allow a county to see how well they are covering their performance outcome target population, and e) Clinical reports that provide detailed information on a client for use at a glance.
- * Another important feature will be the use of a "benchmark file" that will allow a county to print results that compare their clients to clients in other California Mental Health Directors Association Regions, and statewide. Additionally, national prevalence rates will be generated that allow clinicians and program managers to compare their clients to populations nationwide.

More information on the systems will be presented during the ongoing development phase. For more information, contact Jim Higgins, Ed.D., at Jhiggins@dmhhq.state.ca.us.

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Would you like to contribute to the California Department of Mental Health's Performance Outcomes Update (POU)? If you or your county are using performance outcome data to improve your programs, or if you have identified a novel way to analyze data to determine program effectiveness and would like to share this with others, why not submit an article to the POU? It needs to be concise and kept under 800 words. Send your article to:

Roxane Gomez,
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UPDATES ON:
THE ADULT PERFORMANCE OUTCOME SYSTEM
Technology/Data Collection Support

The Research and Performance Outcome Development Unit (RPOD) is pleased to announce that Rachel Luxemburg, who joined our unit last fall, will now take over the technology/data collection support of the Adult Performance Outcome System. She will essentially, take over the tasks previously completed by Traci Fujita, who will now focus her attention on the pilot for the Older Adult Performance Outcome System. Rachel can be contacted at (916) 654-0984 or Rluxembe@dmhhq.state.ca.us. General questions regarding the Adult and Older Adult Performance Outcome Systems may still be directed to Karen Purvis at (916) 653-4941 or Kpurvis@dmhhq.state.ca.us.

Administration of the MHSIP

As part of its oversight role, the State Quality Improvement Committee will soon begin looking into whether the MHSIP Consumer Survey (MHSIP) is being administered properly.



Confidentiality. Because of the important information it can yield, it is important that clients feel “safe” to provide honest responses to the questions. Confidentiality must be assured and maintained. Unlike the Quality of Life instrument, clinicians and other service providers are not to participate in the administration of the MHSIP, nor are they to have access to individual results. Only aggregate summary data should be distributed to the clinician. In order to provide needed assistance while maintaining confidentiality, some counties have found it useful for peer counselors to assist clients.

It is important to assure clients that their responses will remain confidential and that their responses will not affect their right to receive services. Some counties have found it useful to provide this information in a cover letter when distributing the MHSIP. Clients can be informed that the information they provide will be used to improve the quality of services being provided.

Schedule of Administration. Additionally, the MHSIP follows a different schedule of administration from the Quality of Life instrument. Please recall that the MHSIP is only administered to “ongoing” and “discharge” clients. It is not administered during a client’s initial intake since they have not yet had a chance to experience services they will be expected to rate.

OLDER ADULT PERFORMANCE OUTCOME SYSTEM

The Research and Performance Outcome Development Unit (RPOD) will soon be piloting a face sheet in preparation for implementation of the Older Adult Performance Outcome System. Since it has now become possible to link performance outcome data files with the DMH Client Services Information (CSI) database, certain demographic data no longer need to be collected on the face sheet. In response to requests for more clinician input, the older adult face sheet will provide clinicians with an opportunity to express their professional judgment regarding the functioning and resources of their clients.

Several counties will be conducting a brief pilot over the next couple of months to try out the questions and format of the face sheet. The intent of this brief pilot is to determine whether these questions are appropriate for the diversity of clients seen in county clinics. Certain questions may not work for some clients in actual practice and may need rewording or elimination. In addition to gathering information from the pilot, RPOD will post the face sheet on the older adult section of its website for comments at:

<http://www.dmh.cahwnet.gov/rpod/olderadult.htm>

The next Older Adult Pilot Committee meeting is scheduled for May 15, 2001.

RESEARCH AND PERFORMANCE OUTCOME WEBSITE

As of April 3, 2001, the new and improved RPOD website became available for viewing. Please take a look at the wealth of information pertaining to the six individual projects, links to other sites, and the download page, which contains archived information (i.e. Legislative documents, POU’s, and the three performance outcome programs). Lastly, after viewing the website, please take a few minutes to fill out the RPOD survey located via the “**Contact Us**” button. Any information you can relay, either compliments or improvements for the website will be greatly appreciated. Come visit the RPOD website located at www.dmh.ca.gov.



RPOD SURVEY

“Contact Us”

Website Evaluation:

How would you rate our website in the following areas?

Quality of Content:	Excellent ?	Very Good ?	Good ?	Fair ?	Poor ?
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CHILDREN’S SYSTEM UPDATE

It came to the attention of the Department of Mental Health (DMH) that, in Summer 2001, changes are in store for the Child Behavior Checklist (CBCL) and the Youth Self Report (YSR). After contacting the University Medical Education Associates, managed by the instruments author, Thomas Achenbach, DMH learned that Achenbach is indeed planning to revise the two instruments, as well develop new norms based on a new set of age groups.

What are the implications of these revisions to the Existing Child and Youth Performance Outcome System? First of all, the existing version of the forms will be discontinued thereby preventing county staff from ordering forms that are currently used to collect the data. Secondly, for those counties using the *TELE-form* software, an Assessment Data Manager (ADM) upgrade will have to be purchased to evaluate the revised forms. Lastly, the change in the age ranges will make it difficult for the counties and DMH to compare the current CBCL/YSR data to the revised CBCL/YSR data.

DMH is currently conducting a Pilot Study to evaluate several alternative instruments for their effectiveness in assessing mental health performance outcomes, and expects to reach a decision in late 2001. Should these alternative instruments be found to address identified shortcomings of the Existing Child and Youth Performance Outcome System, then counties would no longer be required to use the CBCL/YSR. Until a decision is made, though, DMH urges counties to “stock up” on enough CBCL/YSR forms to last through December 2001.

For questions regarding the Child and Youth Performance Outcome System, please contact either Sherrie Sala-Moore at (916) 651-6777, e-mail Ssalamoo@dmhhq.state.ca.us, or Brenda Golladay at (916) 654-3291, e-mail Bgollada@dmhhq.state.ca.us.